

# SUCCESSION WORKSHOP CONFIRMATION

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Please complete the following information and return to the Beginning Farmer office at the address below.

Attendees full name: \_\_\_\_\_  
(Please Print)

Name of workshop: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Hours attended: \_\_\_\_\_

	Yes	No
Did the workshop cover family communication skills?	<input type="checkbox"/>	<input type="checkbox"/>
Did the workshop cover business meeting skills?	<input type="checkbox"/>	<input type="checkbox"/>
Did the workshop cover business entities?	<input type="checkbox"/>	<input type="checkbox"/>

By signing the form, I agree that I have attended this Succession Workshop in accordance with the Beginning Farmer Program requirements.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of instructor: \_\_\_\_\_ Date \_\_\_\_\_

Please complete all questions and return to:

Nebraska Department of Agriculture  
Beginning Farmer Program  
P.O. Box 94947  
Lincoln, NE 68509-4947